

**AMENDMENT TRANSMITTAL LETTER (Small Entity)**Applicant(s): **Lloyd WOLFINBARGER et al.**

Docket No.

**LNRF.005**

Serial No.

**08/646,519**

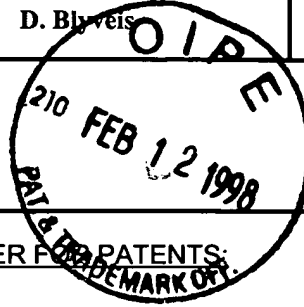
Filing Date

**May 7, 1996**

Examiner

**D. Blyveis**

Group Art Unit

**1105**Invention: **ULTRASONIC CLEANING OF ALLOGRAFT BONE****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	37 =	0 x	\$11.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0 x	\$41.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-0238**  
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

*Signature*Dated: **FEB. 12, 1998****SUSANNE M. HOPKINS****REG. NO. 33,247****JONES & VOLENTINE, L.L.P.****12200 SUNRISE VALLEY DRIVE, SUITE 150  
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CC:

I certify that this document and fee is being deposited on \_\_\_\_\_ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*